57351 CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions. Please type or print clearly. Press Hard.		State Department of Health Services HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street, Sacramento, CA 95814				(1) Manifest Number 015 - 001537				
GENERAÇOR (Generator Must Complete) ALUMINUM COMPANY OF AMERICA		3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)				4 Alternate TSD Facility			SFUND RECORDS CTR 999000879	
(2) Name VERNON WORKS		Name_OPERATING INDUSTRIES, INC.				Name CHEMICAL WASTE MANAGEMENT INC.				
EPA NO. C A D 0 7 4 1 2 6			CADO		2024	EPA NO.	CATO	T-T-		
						Address P.O.			*	
City, State, Zip Vernon, Ca. 90058	. <u>000 01</u> 11 A	City, State, Zip Monterey Park, Ca.				City, State, Zip				
	U.S. DOT	UN/NA	WEIGHT OR	<u> </u>	Ţ	City, State, Zip				
(5) U.S. DOT PROPER SHIPPING NAME	HAZARD CLASS	ID NO.	VOLUME	UNITS	CONTAINER					
WASTE		 				YPE: ☐ DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK				
WASTE					□ο	THER				
6 WASTE CATEGORY #7	(7) EX. H	AZ. WASTE PE	RMIT NO	(8) GENERATING	PROCESS Alu	minum Fabi	rication		
LIST COMPONENTS:	CONC. RA	NGE ·	UNITS				CONC. Upper	RANGE LOWER	UNITS	
(9) A			5 □ ppm.	E					□ % □ ppm.	
B			5 □ ppm.	F					□ % □ ppm.	
C		🗆 %	5 □ ppm.						□ % □ ppm.	
D		,	5 □ ppm.	Non Hazardo	ous Material	100%				
(10) WASTE PROPERTIES: pH	☐ Toxic ☐ I	Flammable	☐ Corrosive/	Irritant 🗆 R	eactive	Sensitizer 🗍 (Carcinogen/Muta	gen		
(11) PHYSICAL STATE: Solid Solid	V	☐ Slurry	☐ Gas	X Other A	luminum Oxi	des & Water	·			
(12) SPECIAL HANDLING INSTRUCTIONS:	Gloves G	oggles 🔲	Respirator	Other			<u> </u>			
				· · · · · · · · · · · · · · · · · · ·						
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.										
IN THE EVENT OF A SPILL, CONTACT THE N			·	少 划,	(m)			11 - 1	0-81	
RESPONSE CENTER, U.S. COAST GUARD 1-80	00-424-8802		(13)	Signature of	f Authorized Age	nt and Title		Da	ite Shipped	
TRANSPORTER (HAULER MUST COMPLETE)										
L. 1101 61										
CADOSPATIONS								-		
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY STATE ZIP Gardena, California 90249 16 Signatura of Right Agent and Title										
			- $ +$	/ Signature of	Authorized Age	nt and Title	· · · · · · · · · · · · · · · · ·		Date	
TSD FACILITY (FACILITY-OPERATOR MUS	- /		U	////	Alc 1					
1 NAME OFERATION TO	1) -1/18	TUANTITY (I	f Measured)	1001	SBC	(21) HANDL	ING OR DISPO	SAL METHO	D:	
EPA NO. ATORIO 1202 19 STATE FEE (If Any)						☐ Surface Impoundment ☐ Landfill				
PHONE NO.						☐ Injection Well ☐ Land Treatment				
(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND						☐ Treatment (Specify)				
SHIPMENT:							ecovery or Reus	e 🛘 St	orage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:										
(22) NAME										
EPA NO.			\mathcal{A}		62 62 B)			1-/110	
			(23)	Signaturé o	Authorized Ager	at and Title		——————————————————————————————————————	te Accented	

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